

Name In Full

Certificate of Death

William Barber

Town

County

Died at

McComies

Charles

MARYLAND

Date 1899 1902

Month

Day

Y.

M.

D.

Native of

Occupation

Age

1

Charles

None

Male

~~Female~~~~Married~~

Widow

Divorced

~~Female~~

Colored

Single

Widower

Number of children living None

Husband
of

Wife

Father's

Name

William Barber

Mother's

Name

Nellie Barber

Cause of

Primary

How long sick

1 Day

Death

Immediate

~~Will remain~~

Accident, Suicide, Homicide

Reported by

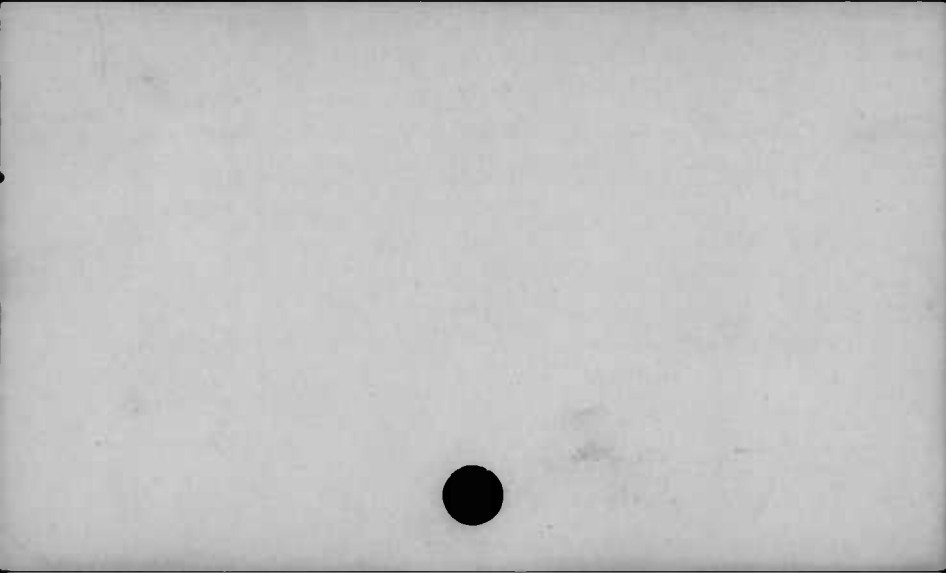
William Barber

Address

McComies Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full

Certificate of Death

Town

County

Died at near

Date 189

Month

Day

Y.

M.

D.

Native of

Occupation

MARYLAND

Male

White

Married

~~Widow~~

Divorced

~~Female~~

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Death

Immediate

How long sick

4 Years

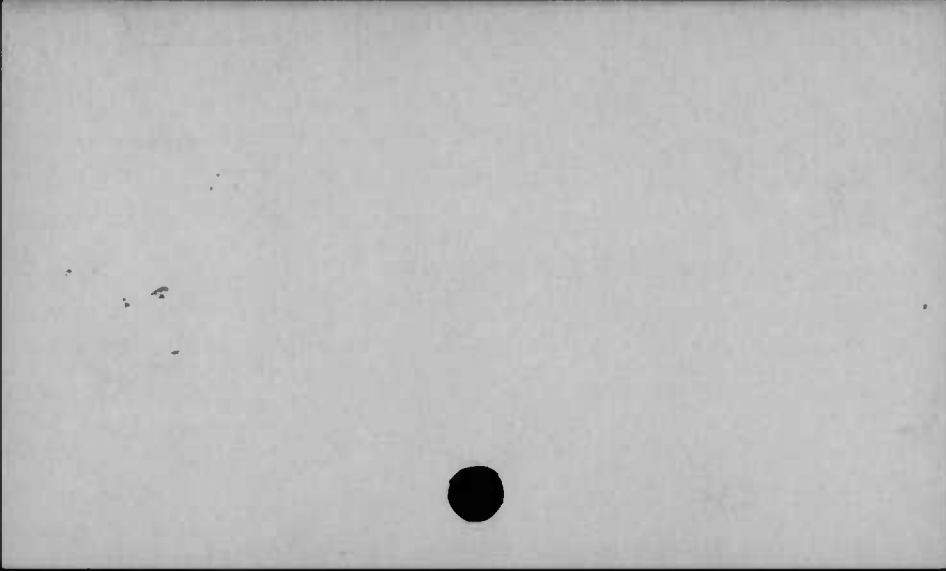
Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 05966



Ella Hansen Bryan

Town

County

Died at near Pomorok

Charles-

MARYLAND

Date 1902 Jan 29 Age 46 -
 Month Day Y. M. D. Native of Occupation
 Male White Married Widower Divorced Housewife
 Female Colored Single Number of children living 11

Husband of
 Wife Alex. M. Bryan

Father's Name Wm. H. Blagell Mother's Name Eliz. C. M. Hansen

Cause of Death { Primary Gripp 93 How long sick 10 days -
 Immediate Double Pneumonia Accident, Suicide, Homicide

Reported by J. W. Mitchell M.D.

Address Pomorok Md-

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Name in Full *Jane Bush*

Died at *Chapfle Birt* *Ches.* *MARYLAND*

Date *1902* *Jan. 27* *74* *-* *-* *Maryland* *Housewife*

Male *White* *Married* *Widow* *Divorced*

Female *Colored* *Single* *Widower* Number of children living *2*

~~Husband~~ of *William Bush*

Wife

Father's Name

Mother's Name *64*

Cause of Death { Primary *Chorea*

Death { Immediate *Chorea*

How long sick *3 days*

~~Accident, Suicide, Homicide~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Attended by Dr.

of

Seen by Coroner

of

Information contained in this certificate received

from

of



Name in Full

Thomas A. Carrico, M.D.

Died at

Bryantown

County

Ches

MARYLAND

Date

1902

Month

Jun

Day

5

Y.

Age

76

M.

D.

Nat. of

Ind

Occupation

Physician

Male

White

Married

~~Widow~~

Divorced

~~Female~~

~~Colored~~

~~Single~~

Widower

Number of children living

7

Husband

of

~~Widow~~

Father's

Name

Thomas Carrico

Mother's

Name

Cause of

Primary

Organic Heart Lesion

How long sick

3 yrs -

Death

Immediate

Effusion

Accident, Suicide, Homicide

Reported by

Harry C. Chapin

M.D.

Address

Highland Hills

Ind

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Attended by Dr.

of

Seen by Coroner

of

Information contained in this certificate received

from

of

Name in Full

Certificate of Death

Mimi Ann Clark.

Town

County

Died at

Pomomoy

Charles

MARYLAND

Date 189

Month

Day

Y.

M.

D.

Native of

Occupation

Jan. 20

Age

76.

Md.

None

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living 8.

Husband
of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Senile Degeneration

How long sick

30 months

Death

Immediate

Aschemia

Accident, Suicide, Homicide

Reported by

Address

Samuel L. Hamon M.D.

Mason Springs
Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Attended by Dr.

of

Seen by Coroner

of

Information contained in this certificate received

from

of



Hillary Fenwick

Town

County

Died at Faulkner.

Charles

MARYLAND

Date 1902 1 12 Age 55 Y. M. D. Native of M.d. Occupation Farmer

Male White Married Widow Divorced

Female Colored Single Widower Number of children living 12

Husband of Josephine Matthews

Father's Name Michael Fenwick

Mother's Name Hennie Matthews

Cause of Primary Pneumonia

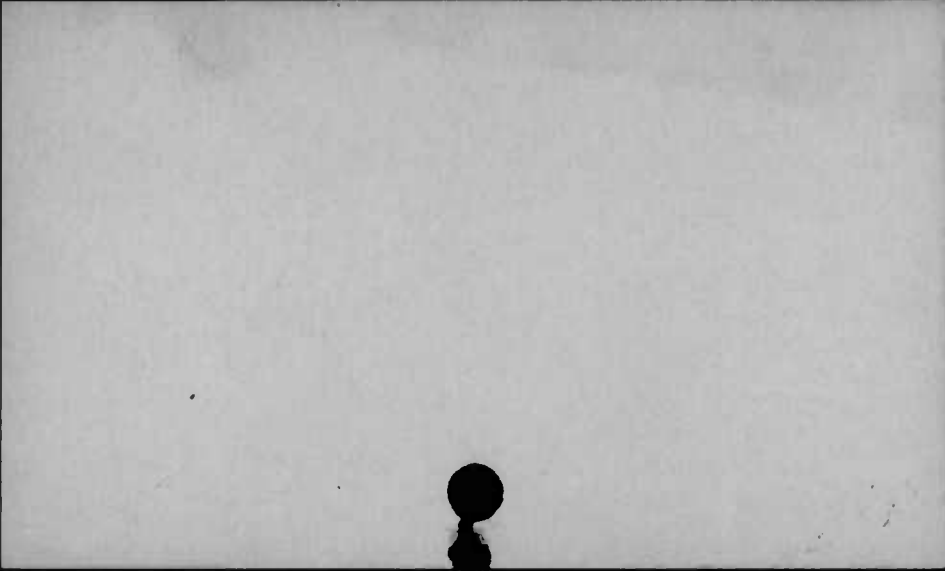
How long sick 2 weeks

Death Immediate Congestion of the Lungs

Accident Suicide Homicide

Reported by Peter W. Roby Undertaker

Address Bel Air Charles Co.



Name In Full

Certificate of Death

Mitchell Edward Selroy

Town

County

Died at

Doncaster Ches

MARYLAND

Date 189

Month

Day

Y.

M.

D.

Native of

Occupation

21 Jan

Jan 10

Age

3

Maglone

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Wm M Selroy

Mother's

Name

Mary J Selroy

Cause of

Primary

Grenier's Spinal Cord

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

B. Smith M.D.

Address

1

Doncaster, Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Name in Full

Certificate of Death

Charles A. Gray (Infant)

Died at *Nanpenny* *Charles*

MARYLAND

Date *1902 Jan 3* Month *Jan* Day *3* Y. *—* M. *—* D. *—* Native of *—* Occupation *—*

Male *—* White *—* ~~Black~~ *—* ~~Widow~~ *—* ~~Divorced~~ *—*

~~Female~~ *—* ~~Colored~~ *—* ~~Single~~ *—* ~~Widower~~ *—* ~~Number of children living~~ *—*

Husband of

Wife

Father's

Name

Mother's

Name

Cause of

Death

Reported by

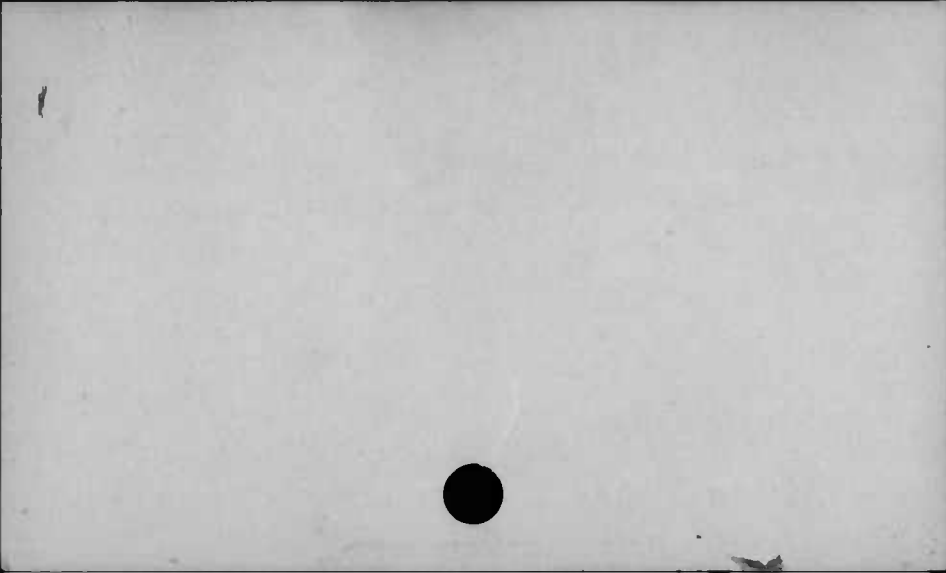
Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

How long sick

Accident, Suicide, Homicide

LIBRARY BUREAU, 79888



Name in Full

Certificate of Death

Helen Gray

Town

County

MARYLAND

Died at

Harpers 3rd. Charles

Date

Month

Day

Y.

M.

D.

Native of

Occupation

1902 Jan. 23

Age

12

md

Male
FemaleWhite
Colored~~Married~~
Single~~Widow~~
Widower~~Divorced~~
Number of children living

Husband

of

Wife

Father's
Name

Geo W Gray

Mother's
Name

Fannie Davis. (Gray)

Cause of

Primary

Acute Pneumonia

How long sick

7 days

Death

Immediate

~~Accident, Suicide, Homicide~~

Reported by

S. F. Speare md

Address

Grayton md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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Name in Full

Certificate of Death

Sarah C. Gumpfried

Town

County

Died at

MARYLAND

Died at Bryantown Lehman MARYLAND

Month	Day	Y.	M.	D.	Native of	Occupation
1	2	20	-	-	Ind	House wife

Date 1902

Male	White	Married	Widow	Divorced
Female	Colored	Single	Widower	Number of children living 2 /

Husband of

Wife of Belle Gumpfried

Father's Name Richard Harrison Mother's Maiden Name 137

Cause of Death	Primary	<u>Infection Chills with</u>	How long sick	<u>2 weeks</u>
	Immediate	<u>Pyemia</u>	Accident, Suicide, Homicide	

Reported by

Address

Reported by W. C. Chappell Ind

Address Heyshead Ind

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



3

Name in Full

Certificate of Death

Robert Greer
 Town County Charles MARYLAND
 Died at near Pizgan
 Date 1902 Jan 6 Y. M. D. Age 6 17 Native of Md. Occupation none
 Male ~~White~~ Married ~~Widow~~ Divorced
~~Female~~ Colored Single ~~Widower~~ Number of children living none

Husband of
 Wife

Father's Name George H Greer Mother's Maiden Name Rachel Ross
 Cause of Death Primary Immediate Pneuomonia
 How long sick 2 days
~~Accident, Suicide, Homicide~~

Reported by C Carpenter undertaker
 Address Pizgan Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Mary Cashmi Hawkins
 Town County

Died at

Minnes Lhus

MARYLAND

Date 1912

Month Day
 Jan 25

Y. M. D.
 x x 3

Native of

Occupation

Female

Colored

Single

Widow

Divorced

Number of children living

Husband of

Wife

Father's

Name

Cause of

Primary

Death

Immediate

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

~~Mrs. Hawkins~~ Not Known
 Mrs. Hawkins Mother's Name
 Mary Hawkins
 Maternalism
 151
 How long sick
 3 days
 Accident, Suicide, Homicide

Mrs. Hawkins Parul.
 Minnes Md.

LIBRARY BUREAU, 79698



Name in Full

Certificate of Death

Died at *Harriet M Jenkins*
 Town *Newtown* County *Queen*
 MARYLAND
 Date 1902 *Jan 29* Month *Jan* Day *29* Y. *63* M. *W* O. *W*
 Native of *Maryland* Occupation *Domestic*
~~Male~~ *White* ~~Married~~ ~~Widow~~ ~~Divorced~~
 Female ~~Colored~~ Single ~~Widower~~ Number of children living

Husband
of
Wife

Father's
Name

99
Mother's
Name

Cause of
Death

Primary

Immediate

How long sick

8 years
~~Accident~~ ~~Suicide~~ ~~Homicide~~

Reported by

1
Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79998

Attended by Dr.

of

Seen by Coroner

of

Information contained in this certificate received

from

of



Name in Full

Certificate of Death

Died at Glynn Wright County Chas MARYLAND
 Date Jan 26 1926 Month Jan Day 26 Y. 69 M. 2nd D. Housewife
Male White Married Widow Divorced
Female Colored Single Widower Number of children living 4
 Husband of Not known
 Wife " Mother's Name "
 Father's Name "

Cause of Death { Primary 70
 Immediate convulsion
 How long sick 70
 Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Attended by Dr.

of

Seen by Coroner

of

Information contained in this certificate received

from

of



Name in Full

Certificate of Death

James Patrick Mack

Town

County

Died at Indian Head

Charles

MARYLAND

Date 1892 Jan 30

Y. M. D.

Native of

Occupation

Age

45

Virgin

Laborer

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband
of

Father's Name Washington Mack

Mother's Name Charlotte Mack

Cause of

Primary Intermittent Hemorrhage

How long sick 1 hour

Death

Immediate One hour

Accident, Suicide, Homicide

Reported by

R. Waggener M.D.

Address

Indian Head Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, BOSTON



Name In Full

Certificate of Death

Frank Mathews

Town

County

Died at

MARYLAND

Died at Bue arm Charles MARYLAND
 Date 1892 Jan 30 | Age 71 - - | Maryland Farmer
 Male White Married Widow Divorced
Female Colored Single Widower Number of children living 6

Husband
of
Wife

Father's Name Harry Mathews Mother's Name Henry Campbell
 How long sick 4 days

Cause of Death { Primary Pneumonia 93
 Immediate Pneumonia
 Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79899

Attended by Dr.

of

Seen by Coroner

of

Information contained in this certificate received

from

of



Name in Full

Certificate of Death

George W. Mulstead

Town

County

Died at

Somersville Charles Co

MARYLAND

Date

Month

Day

Y.

M.

D.

Native of

Occupation

1902 June 20

Age

70 - Grocer

~~Male~~~~White~~

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

7

Husband
of
WifeFather's
NameMother's
Name

NA

Cause of

Primary

Heart disease

How long sick

3 weeks

Death

Immediate

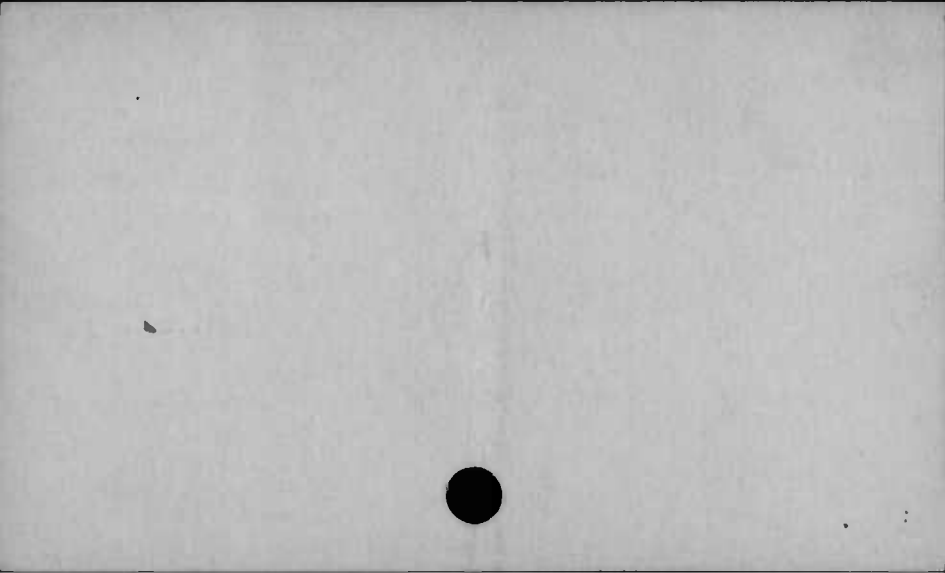
Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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Name in Full

Certificate of Death

Died at

Town

County

MARYLAND

Date

Month

Day

Y.

M.

D.

Native of

Occupation

Husband

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Immediate

Death

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Attended by Dr.

of

Seen by Coroner

of

Information contained in this certificate received

from

of



Name in Full

Certificate of Death

Emily Thompson

Town

County

Died at Bryans Station Charles

MARYLAND

Date 19 02 1 26 Age 62 Y. M. D. Native of Md Occupation —

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living 3

Husband of Geo Thompson

Wife

Father's Name — Mother's Name 79

Cause of Death { Primary Organic heart disease Immediate Failure — How long sick Sudden Accident, Suicide, Homicide

Reported by H. C. Chappelle (Med)

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Preston Tolson
 near *Doncaster* Town County *Charles* MARYLAND

Died at
 Date 19*02* Month *Jan* Day *01* Age *13* Y. M. D. Native of *Ma* Occupation *none*
 Male ~~Female~~ ~~White~~ ~~Colored~~ ~~Married~~ ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living

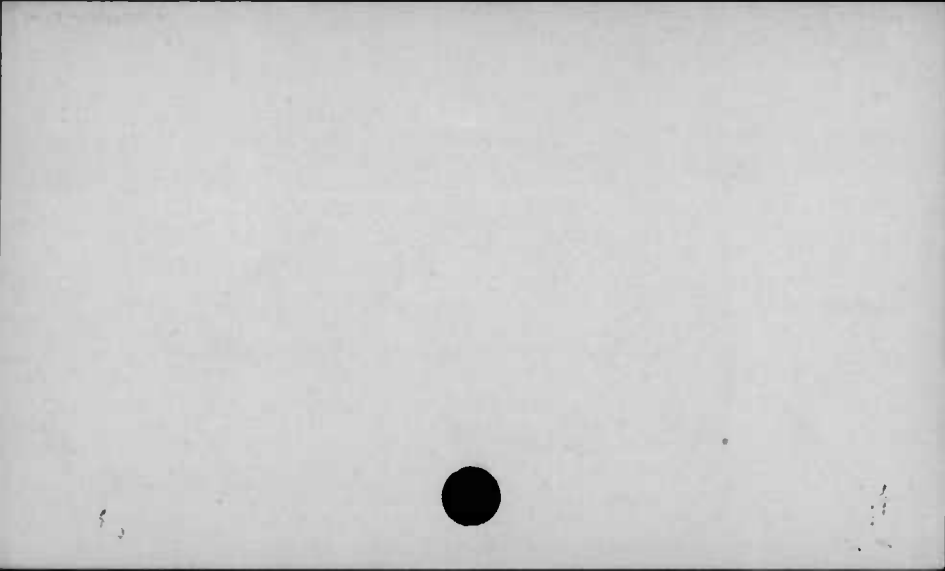
Husband of
 Wife

Father's Name *Wesley Tolson* Mother's Maiden Name *Mary Sanders*

Cause of Death { Primary *Heart-Beaten* Immediate *Cold* How long sick *21 Days* Accident, Suicide, Homicide

Reported by *Robert Sanders & Uncle*
 Address *Crayton PO Charles Co Md*
no Dr in attendance

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



James C Ward

Town

County

Died at

Charles

MARYLAND

Month 3 Day

Y.

M.

D.

Native of

Occupation

Date 189

1902 1

Age

23 11 18

Va

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

single

Wife

Father's

Name

Rev R B Ward

Mother's

Name

Julia F Ward

Cause of

Primary

Consumption

How long sick 2 years

Death

Immediate

Accident, Suicide, Homicide

Reported by

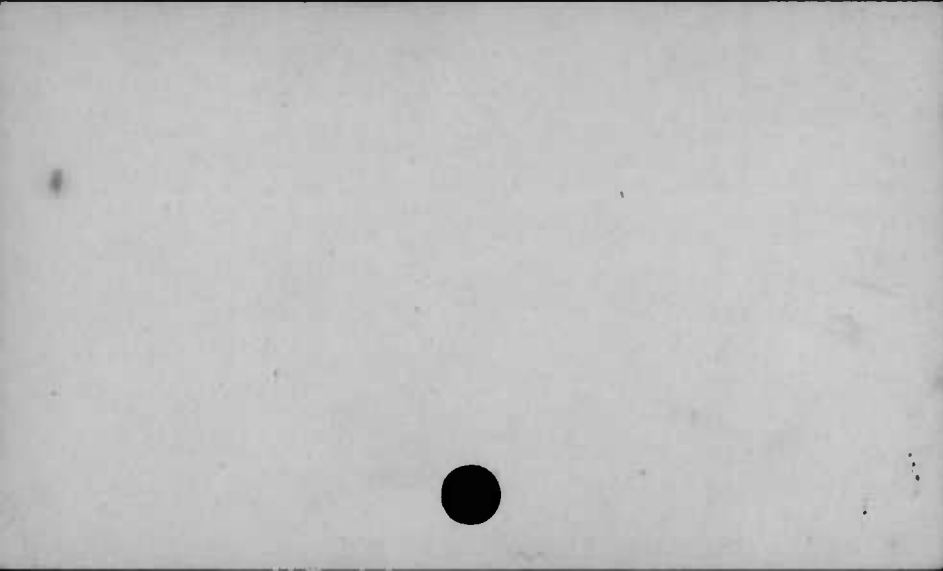
Rev R. B. Ward

Address

①

Don Caster
M.D.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Joseph Farrell Warren

Died at McConchie

County Choc

MARYLAND

Date 19	Month	Day	Age	Y.	M.	D.	Native of	Occupation
02	Jan	11	0	9	0		Choc Co	
Male		White		Married		Widow		Divorced
Female		Colored		Single		Widower		Number of children living

Husband of

Wife

Father's Name	Mother's Maiden Name
Lancy Warren	Louisa Lee

Cause of Death	How long sick
Primary Whooping Cough	2 months
Immediate Spasms	Accident, Suicide, Homicide

Reported by Ann Brown & nurse

Address McConchie St

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Reported by W. F. Brainerd
Sulu Regn